

intelligent observation, diversion, require on the part of the nurse greater ability, patience, and devotion.

All this duty is a great strain on the nervous strength and sympathies of an ordinarily sensitive person. The ideas of many about what it is right that the nurse should have in the way of recreation time, food, and sleeping-accommodations are yet primitive. No one—not even the physician—who has not lived with the insane, hearing, oftentimes, day after day the vilest language or ceaseless melancholic lament, can possibly realize the horror felt by the nurse and the strain it is to bear it.

Inquiry into the length of hours and the number of patients under the nurses' care as compared with the general hospital nurse will indicate the reforms needed. No reflection is cast on the officers of the asylums, as reforms cannot be accomplished in a day, and the coöperation of many people is needed to bring about these changes.

I believe that nurses who are trained in good schools for the care of the nervous and insane should be recognized and allowed to register at the nurses' club registries for their *specialty*; no other nurses are so well fitted to care for those kinds of cases. Dr. Edward Cowles, superintendent of the McLean Hospital for the Insane, Waverly, Mass., and organizer of the Boston City Hospital Training-School for Nurses, also of the only successful system of training nurses for the care of the insane, makes the following statement in his last report, which is worthy of thoughtful consideration by all nurses:

"There is a fallacy somewhere in the position taken by the organized bodies of trained nurses in not recognizing as worthy of membership with them the graduates of schools in hospitals for the insane. It is assumed, even, that no medical nursing is done in such hospitals; it is assumed also that only in a large general hospital can the nurses receive general training, whereas the best training in the general qualifications that make a nurse personally acceptable is to be had where the capacity for adaptation to the varied traits and personalities among her patients is most brought into exercise. In the general hospitals, on the other hand, the pupil nurse is put at once into the practice of the art among patients who are expected to be obedient to her. This throughout appears to be so wholly objective that unless she has inherent certain desirable qualifications she actually acquires a dislike and a certain unfitness not only for nervous and mental cases, but for the work in private families for which a real 'general' training should have qualified her.

"It is quite obvious that there is some error in a course of action which should tend to repress so great a cause as the modern reform in the care of the insane which the system is effecting. The remedy for the present state of things is for the nursing guilds to foster more generously this large and important branch of nursing work. On the other hand, the schools for the insane should make use of the present advancement in the organization of strictly hospital wards and surgical departments for the improvement of the course of training for the nurses."

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DEAR EDITOR: Miss Rudden, in the August JOURNAL, takes exception to the out-door uniforms worn by many of the Chicago nurses and asks for opinions

from others. May a nurse who wears one of the said uniforms speak her mind on the matter?

Miss Rudden speaks as though nurses donned or discarded a uniform at will, whereas in Chicago, however it may be elsewhere, the uniform for out- and in-doors is prescribed by the hospital to which the nurse belongs, and she is bound by the articles signed by her when she enters the training-school to wear such uniform *while on duty*, whether in or out of the hospital, so that, whether the nurses wear the uniform in a "meek and holy spirit" or not, it is because their hospitals require it, and not from a desire to be conspicuous.

In regard to the uniforms worn at the *alumnæ* convention this spring, all nurses not on duty appeared in ordinary street dress, but many on private or hospital duty were obliged to appear in uniforms or not at all.

The out-door uniform has been adopted, I think, chiefly for its protection and convenience. A nurse's hours off duty are considerably shortened if she must change from out-door uniform to street clothes and back again. It is perhaps this very thing that has driven the more careless, where no out-door uniform is provided, to wearing cap and apron on the street, or the cotton gown in combination with a Gainsborough hat, or (as I saw only the other day) a scarlet jacket.

Then the nurse attired in uniform is safe anywhere or at any hour. The garb commands as much reverence and respect as that of the nun. In my almost seven years of nursing, I have heard no unpleasant remarks regarding it, and many small courtesies have been tendered me out of respect to my uniform.

The chief objection offered to the street uniform seems to be that the clothes worn on the street are those worn in the sick-room. But doctors also come from street-cars and even more questionable places (bacteriologically speaking), and their clothes have not the advantage of being washed once or twice a week.

For obstetrics and surgery a perfectly fresh or entirely different gown is always worn, so the objection in that case is removed.

We all admit that it is a most unsuitable dress for ordinary wear, and would willingly limit it to its legitimate use for wear while on duty. But it is at present beyond the power of the individual nurse to discard it altogether, and the majority have no desire to do so.

Since many of the wearers of these street uniforms are nurses in first-class standing, graduates of our best hospitals, and are as jealous of the dignity of their uniform as any of the Eastern nurses could possibly be, we are sure our Eastern sisters will hesitate to call them immodest or unwomanly, or to accuse them of any lack of professional spirit.

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DEAR EDITOR: Too little is said about the insufficient supplies in our hospitals. I do not refer to wealthy institutions, but the medium wealthy ones. How can nurses be taught to care for patients properly with an insufficient supply of bed-linen? A child's ward came under my observation recently. Twenty-two children, ranging from four to eighteen months old, were given thirty-eight diapers daily—one day eighteen. How can we expect a nurse to come from that ward conscientious and painstaking. If the services of a carpenter were secured to erect a three-story brick house, and bricks sufficient for a two-story building were furnished, we would be considered insane were we to